



Northeast Delta Dental

This chart represents the level of coverage for services performed by dentists who participate in the Northeast Delta Dental network. Employees and their dependents are free to visit *any* dentist, participating or non-participating. Visit our website at [www.nedelta.com](http://www.nedelta.com) for an updated list of participating dentists. Certain benefit limitations may apply. Your Northeast Delta Dental program includes all of the following coverage categories. Please refer to your benefit booklet for complete information. This chart is provided for summary purposes only; in the event of a conflict or discrepancy between the chart and either the group contract or the benefit booklet, the contract or benefit booklet will prevail.

## State of New Hampshire

Group Number: 1776

Coverage A Diagnostic/Preventive	Coverage B Basic Restorative	Coverage C Major Restorative	Coverage D Orthodontics
<b>Deductible:</b> None		<b>Deductible:</b> \$25 Per Person/Calendar Year**	<b>Deductible:</b> None
<b>*Covered at 100%</b>	<b>*Covered at 80%</b>	<b>*Covered at 50%</b>	<b>*Covered at 50%</b>
<b>Diagnostic:</b> Evaluations – once in a 6-month period  <b>Preventive:</b> Cleanings once in a 6-month period  Fluoride once in a 12-month period to age 18  Space maintainers to age 16  Sealant application to permanent molar, once in a lifetime per tooth, for children to age 15  <b>Note:</b> Only one cleaning is covered in a 6-month period. This can be routine, (Coverage A) or Periodontal (Coverage B) but not both.	<b>Basic Restorative:</b> Amalgam (silver) fillings Composite (white) fillings (anterior teeth only)  <b>Oral Surgery:</b> Surgical and routine extractions  <b>Endodontics:</b> Root canal therapy  <b>Periodontics:</b> Periodontal cleaning (maintenance procedures) Treatment of gum disease  <b>Denture Repair:</b> Repair of a removable denture to its original condition Rebase and reline (dentures)  <b>X-rays:</b> Complete series or panoramic film, once in a 3-year period; bitewings, once in a 6-month period; x-rays of individual teeth as needed  <b>Emergency Palliative Treatment</b>	<b>Major Restorative:</b> Removable and fixed partial dentures (bridge)  Complete dentures  Restorative Crowns  Onlays  **Any expense incurred during the last 3 months of a calendar year which is applied against an individual's deductible will also reduce his/her deductible for the next calendar year.	<b>Orthodontics:</b> Correction of crooked teeth for children to their 19 <sup>th</sup> birthday (end of the month)
<b>Calendar Year Maximum:</b> \$1,000 per person (Coverages A, B, and C combined)			<b>Lifetime Maximum:</b> \$1,200

\*Benefit percentages shown are based upon the actual charge submitted to a maximum of the participating dentist's approved fees, or Northeast Delta Dental's allowance for non-participating dentists.

## Participating Dentists' Network

You'll get the best value from your program when you receive your dental care from one of Northeast Delta Dental's Participating Dentists:

▲ **No Balance Billing:** Because participating dentists accept their usual filed fees for service, you will normally pay less when you visit a participating dentist.

▲ **No claims processing:** Participating dentists will prepare and submit claims for you.

▲ **Direct payment:** Northeast Delta Dental pays the dentist directly, so you don't have to pay the covered amount up-front and wait for a reimbursement check.

To find out if your dentist is part of the Northeast Delta Dental network, call your dentist or visit our web site at [www.nedelta.com](http://www.nedelta.com). You can also call our Customer Service Department at 1-800-832-5700 or 603-223-1234.

## Claim Process for Participating Dentists

- ▲ Present your ID card to the dentist at the time of your visit.
- ▲ The dentist will submit your claim to Northeast Delta Dental.
- ▲ Northeast Delta Dental will send you a NOB (Notification of Benefits) detailing what has been processed under your plan's coverage. You are responsible to pay any remaining balance directly to the dentist.

## Non-Participating Dentists

Delta Dental provides coverage regardless of the patients' choice of dentists, participating or not. When visiting a nonparticipating dentist within the Northeast Delta Dental operating area of Maine, New Hampshire and Vermont, payment for services rendered will be based on the lesser of the dentist's actual submitted charge or the Plan's allowance for nonparticipating dentists. The patient may be required to submit the claim directly and pay for the services at the time they are provided. The Notification of Benefits and the claim payment will go to the subscriber; the patient will be responsible for any remaining balance.

When visiting a nonparticipating dentist outside the Northeast Delta Dental operating area, payment for services rendered will be based on the lesser of the dentist's actual submitted charge or an amount equal to a selected percentile of a nationally-recognized database for the area in which the services were provided. The patient may be required to submit the claim directly and pay for the services at the time they are provided; the patient will be responsible for any remaining balance. The Notification of Benefits will go to the subscriber. The claim payment will go to the dentist unless the claim is marked "paid," otherwise it will be sent to the subscriber.

## Coordination of Benefits

When a covered individual (Coordination of Benefits) provision described in your Dental Plan Description booklet will determine the sequence and extent of payment. If you have any questions, please contact our Customer Service department at 1-800-832-5700 or, 603-223-1234.

## Identification Card

Two identification cards from Delta Dental will be produced and distributed shortly after your enrollment. Both cards are issued in the subscriber's name, but can be used by every one covered under the program.

## Dental Plan Description Booklet

You will receive a Dental Plan Description booklet shortly after your enrollment. This booklet describes the benefits of your program and tells you how to use your plan. Please read it carefully to understand the benefits and provisions of your Northeast Delta Dental program.

## Who is Eligible?

All eligible employees and their dependents, defined as:

Spouse;

Unmarried, dependent children from age 2 to their 19<sup>th</sup> birthday (end of the month);

Unmarried, full-time dependent students to their 25<sup>th</sup> birthday (end of the month), and

Incapacitated dependent children, regardless of age.

If enrolling one eligible dependent, all eligible dependents must be enrolled unless they are covered elsewhere.

## Claims Information

▲ All claims must be submitted within two years.

▲ Ask your dentist to submit a pre-treatment estimate to Delta Dental for any procedure involving costly or extensive treatment plans. This will enable us to help you estimate any out-of-pocket expenses you may incur.

▲ If a claim is denied, you can request an appeal by writing to Delta Dental within six months of receiving your Notification of Benefits form. Send appeals to Northeast Delta Dental, PO Box 2002, Concord, NH 03302-2002. Consult your Dental Plan Description booklet for further details.

## Where to Get More Information

If you have further questions, please contact the Northeast Delta Dental Customer Service department at 1-800-832-5700 or, 603-223-1234. This information should be used only as a guideline for your dental benefits program. For detailed information on your group's terms, conditions, limitations, exclusions and guarantees, please refer to your Dental Plan Description booklet or consult your Personnel Department.



**DELTA DENTAL**  
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One Delta Drive  
P.O. Box 2002  
Concord, NH 03302-2002  
[www.nedelta.com](http://www.nedelta.com)

